

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/1284,935 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3			2			
4	1		2			
5	/		/			
6	1		1			
7	2		2			
8			2			
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50						
TOTAL IND.	3		3			
TOTAL DEP.	0		9			
TOTAL CLAIMS	4		12			

SERIAL NO.	09/1284,935	FILING DATE
APPLICANT(S)		
IND.	DEP.	IND.
DEP.	IND.	DEP.
IND.	DEP.	IND.

100 TOTAL IND.

100 TOTAL DEP.

100 TOTAL CLAIMS